

**CENTER FOR EDUCATIONAL PARTNERSHIPS**  
University of California, Irvine – University Research Park  
2009-2010 STUDENT JOB APPLICATION

**Please RANK the position(s) for which you would like to be considered (refer to attached information sheet for program descriptions and criteria):**

\_\_\_\_\_ Early Academic Outreach Program      \_\_\_\_\_ GEAR-UP      \_\_\_\_\_ Data Assistant  
\_\_\_\_\_ Saturday Academy in Mathematics      \_\_\_\_\_ Upward Bound      \_\_\_\_\_ Clerical/Office Assistant

**PERSONAL INFORMATION (Please Print Legibly):**

Name: \_\_\_\_\_  
First Middle Last

Local Address: \_\_\_\_\_  
Apt # \_\_\_\_\_  
CA  
City State Zip Code

Local Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email (required): \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Apt # \_\_\_\_\_  
CA  
City State Zip Code

Permanent Telephone: ( ) \_\_\_\_\_ Day & Month of Birth: \_\_\_\_\_

High School (Last Attended): \_\_\_\_\_ Community College (if transfer student): \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Number of units this qrtr: \_\_\_\_\_

Level:  Freshman  Sophomore  Junior  Senior  5<sup>th</sup> Year Senior  Graduate

Do you know or have you studied any language other than English?  Yes  No

Language: \_\_\_\_\_ Number of years studied or spoken: \_\_\_\_\_

Speaking Ability:  Poor  Fair  Good  Excellent

Writing Ability:  Poor  Fair  Good  Excellent

Do you have a valid California Driver's License?  Yes  No Drivers License #: \_\_\_\_\_

Do you have a car?  Yes  No Expiration Date: \_\_\_\_\_

If hired, can you submit verification of your legal right to work in the United States?  Yes  No

Have you ever provided any type of counseling or tutoring to young students before?  Yes  No

If yes, where and what grade levels? \_\_\_\_\_

**RANK** the grade level(s) you prefer to work with: \_\_\_\_\_ Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High School

Do you have computer experience?  Yes  No

If so, which software program(s)? \_\_\_\_\_

What do you feel is your strongest academic area? \_\_\_\_\_

Do you have any relatives working for UCI and/or CFEP?  Yes  No  
 Have you ever worked for the University of California before?  Yes  No  
 Are you currently employed?  Yes  No Number of hours you work per week: \_\_\_\_\_  
 On Campus?  Yes  No  
 If yes, what department? \_\_\_\_\_  
 Will you be keeping your current job should you be hired by CFEP?  Yes  No  
 How many hours would you be able to work per week for CFEP? \_\_\_\_\_  
 Are you willing to work evenings and weekends?  Yes  No  
 Are you willing to work off-campus?  Yes  No

**COMPENSATION:**

FEDERAL Work Study Award Amount: \$ \_\_\_\_\_  Salary  
 STATE Work Study Award Amount: \$ \_\_\_\_\_

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**PERSONAL STATEMENT:**

Please describe on a separate sheet of paper why you are interested in the positions you have ranked above. What are your qualifications and interests? Please attach a schedule of the days and times you are available to work (Monday through Saturday).

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**REFERENCES:**

Please provide two references (teacher, recent employer/supervisor, counselor, etc.). Choose individuals who have knowledge of your qualifications.

Reference: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Name and Position/Title

Reference: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Name and Position/Title

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Existence of a criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, misrepresentation of that record—lying or not telling the whole truth—will disqualify you. The program may run a background check which may require finger printing. Have you ever been convicted or adjudicated of any criminal offense by a civilian or military court? (Do not include minor traffic violations.)

Yes  No

**PRIVACY NOTIFICATION:**

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply personal information. The principal purpose for requesting the information on this form is to process your application for the UCI Center for Educational Partnerships. University policy authorizes maintenance of this information. Furnishing all information on this form is mandatory; failure to provide such information will delay or may even prevent completion of your application. Information furnished on this form may be used by various University offices for registration and other academic-related purposes and will be transmitted to the state and federal governments if required by law. Individuals have the right to access this record as it pertains to themselves.

**NONDISCRIMINATION AND AFFIRMATIVE ACTION POLICY STATEMENT REGARDING STUDENT-RELATED MATTERS:**

The University of California, in accordance with applicable Federal and State law and University Policy, does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, medical condition (Cancer-related), ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran. The University also prohibits sexual harassment. This nondiscrimination policy covers admissions, access, and treatment in university programs and activities. Inquiries regarding the University's student-related nondiscrimination policies may be directed to, UCI Office of Equal Opportunity and Diversity, 524 Administration Building, Irvine, CA 92697-1125

**CERTIFICATION:**

I understand that a condition of my employment may be to be finger printed, TB tested, and background checked. For employment purposes, I authorize the Center for Educational Partnerships' staff to verify my academic standing and monitor my academic progress throughout the term of the job. I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that the misinformation or omission of information could result in disqualification and/or termination.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_